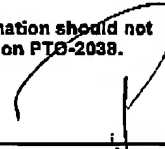


PTO/SB/32 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: center; font-weight: bold;">CP101 CIP</div>
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>Sent via Facsimile on 1/31/05</u>	In re Application of Saul Tzipori et al. <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Application Number 10/041,958 </div> <div style="width: 35%;"> Filed January 7, 2002 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> For HUMAN NEUTRALIZING ANTIBODIES AGAINST HEMOLYTIC UREMIC SYNDROME </div> <div style="width: 35%;"> Art Unit 1645 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Examiner Mark Navarro </div> </div>	
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.		
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: </div> <div style="width: 25%;"> \$ <u>500.00</u> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>503129</u>. I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550. </div>		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> applicant/inventor. </div> <div style="width: 45%; text-align: center;">  _____ Signature </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) </div> <div style="width: 45%; text-align: center;"> Patrea L. Pabst _____ Typed or printed name </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>31,284</u> </div> <div style="width: 45%; text-align: center;"> January 31, 2005 _____ Date </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </div> <div style="width: 45%; text-align: center;"> 404.879.2151 _____ Telephone number </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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